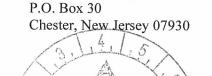


November 13, 2014

Debra A. Howland **Executive Director** New Hampshire Public Utilities Commission 21 South Fruit Street, Suite 10 Concord, NH 03301-2429

Dear Ms Howland,



Knollwood Energy of MA LLC



Enclosed please find the application for the John Rowell system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information John Rowell 375 East Penacook Rd Contoocook, NH 03229 603.746.4704 jkrowell@aol.com

The Nepool GIS ID # for this facility is: NON44294. Also enclosed are the Simplified Process Interconnection Application and Service Agreement and the Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica New England REC Operations Manager Knollwood Energy of MA LLC 908-955-0590 linda@knollwoodenergy.com

Enclosures (3)



### State of New Hampshire Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

# Draft Application Form for RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code <u>Puc 2500</u> Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter\* to:
   Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
   21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which
  the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an
  application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

• Photovoltaic (PV) solar facilities are Class II resources.	Contact Barbara.Bernstein@puc.nh.gov for assistance.	
Eligibility Requested for: Class I Class II	X Check here X if this facility part of an aggregation.	
If the facility is part of an aggregation, please list the aggre	egator's name. Knollwood Energy of MA	
<ul> <li>Provide the following information for the owner of the</li> </ul>	PV system.	
Applicant Name John Rowell	Email jkrowell@aol.com	
Address 375 East Penacook Road	City Contoocook State NH Zip 03229	
Telephone 603.746.4704	Cell	
For business applicants, provide the facility name and contact information (if different than applicant contact information).		
Facility Name Prim	ary Contact	
Address	City State Zip	
Telephone	Cell	
Email address:		

		ete list of the equipment use overter. Your facility will not				EC meter, a	ınd, if
equipment	quantity	Туре	equipment	quantity	Туре		
PV panels	20	REC Solar 250w	othe	r			omandai, pod sa na sagara sa
Inverter	20	Enphase M215	othe	r			
meter	1	ITRON Centron C1S	othe	r			
must be For PSN Comple	e included IH custom tion are re	erconnection agreement and with your application. Hers, both the Simplified Proceequired. Hers application in the second place with	ess Interconn	ection Appli	cation and Exhibit B		of
		ial date of operation (the dat				7/3/13	1.5 AC
		e, license number and contac by the customer.	t information	of the insta	ller, or indicate that	the equipm	ent was
Installer Name		/ Solar, LLC	_ Contact _	Michael Fay	License applicab		
Address	249 Lo	oudon Road	City	Concord	State:	N H Zip	03301
Telepho	ne 603	.225.6001	_		el@spreadthesunsh		
If the eq	juipment v	was installed directly by the c	ustomer, plea	se check her	e: 🗌		
Provide	the name	and contact information of	the equipme	nt vendor.			
	Check h	nere if the installer provided t	he equipment	and proceed	to the next question		
Busines	s Name			Contact			
Address	***************************************		City	protection in the constraint of the constraint o	State	Zip	
Telepho	-		ema				na tha ann an a
If an ind	lependent	electrician was used, please	provide the	following in	formation.		
Electrici	an's Name	Keith Fireman		Lic	ense # 10803M		

Email <u>kfirmanelectric@comcast.net</u>

**Business Name** 

Keith Fireman Electric

Address 47 Tiffany Hill Rd	City Weare	State	NH Zip 038	882
Provide the name of the independent monitor for this facility. (A <u>list</u> of approved independent monitors is available at <a href="http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm">http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm</a> .)				
Independent Monitor's Name Tom Kelly Natural	Capital, LLC	**************************************		
Is the facility certified under another state's renewab If "yes", then provide proof of the certification as <b>Att</b>		dard? yes 🗌	no 📉	
<ul> <li>Please note, if your facility is part of an aggregat following information.</li> <li>In order to qualify your facility's electrical product must register with the NEPOOL – GIS. Contact in</li> </ul>	ction for Renewa	ble Energy Certificate	s (RECs), you	
	es Webb	A-1 88- ut t		
Registry Administrator, 224 Airport Parkway, Su				
Office: 408.517.217				
If you are not part of an aggregation, Mr. Webb will a	ssist you in obta	ning a GIS facility code	2.	
GIS Facility Code # NON44294	Asset ID #	NON44294	MANAGEMENT CONTRACTOR OF THE STATE OF THE ST	
Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.  The Commission requires a notarized affidavit as part of the application.				
AFFIDAVIT				
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.				
Applicant's Signature		Date		
Applicant's Printed Name		,		
Subscribed and sworn before me this	Day of	(month) in	the year	
County of	State of			
My Commission Expires	Notary	Public/Justice of the Pe	ace	

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating
  in conformance with any applicable state/local building codes. Use either the following affidavit form
  or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT	
The Undersigned applicant declares under penalty	cy of perjury that the project is installed and operating
in conformance with all applicable building codes.	i.
Applicant's Signature	Date 2/15/14
Applicant's Printed Name Linda Modica	
Subscribed and sworn before me this	Day of December (month) in the year
County of MORRIS	State of New Jersey
	Dein
	Notary Public/Justice of the Peace
My Commission Expires	2/37/10

DULCE PINTO
Notary Public
State of New Jersey
My Commission Expires Jan. 21, 2019
I.D.# 2381704

Complete the following checklist. If you have questions, contact <u>barbara.bernstein@puc.nh.gov</u>.

CHECK LIST: The following has been included to complete the application:	YES
All contact information has been provided.	X
<ul> <li>A copy of the interconnection agreement. PSNH Customers should include both the Standards for Inverters Sized up to 100 KVA and Exhibit B – Certification of Completion Process Interconnection.</li> </ul>	
Documentation of the distribution utility's approval of the installation.*	X
<ul> <li>If the facility is participating in another state's renewable portfolio standard (RPS) per documentation of certification in other state's RPS.</li> </ul>	rogram,
A signed and notarized attestation.	X
A GIS number obtained from the GIS Administrator.	X
The document has been printed and notarized.	X
<ul> <li>The original and 2 copies are included in the packet mailed to Debra Howland, Executive PUC.</li> </ul>	utive Director of X
<ul> <li>An electronic version of the completed application has been sent to executive.director@puc.nh.gov.</li> </ul>	х
*Usually included in the interconnection agreement.	

• If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here 

and skip this section.

#### PREPARER'S INFORMATION

Preparer's Nar	me Linda Modica	Email address: linda@knollwoo	denergy.c	<u>com</u>	
Address PO	Box 30	City Chester	State	_NJ_ Zip	07930
Telephone	908.955.0590	Cell		St. 3. (1) (2 - 3. (1) (3 - 3)	
Preparer's Signature:					
	9				

# PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

#### Simplified Process Interconnection Application and Service Agreement

Contact Information:	Date Prepared: 4/8/13	
Contact Information.  Legal Name and Address of Interconnecting Customer	r (or, Company name, if appropriate)	
Customer or Company Name (print): John	Rowell	
Contact Person, if Company:		
975 6000 4 500	K Rd	
City: (PATOOCOOK	State: NH Zip Code: 0322-9	
1 -7 - 74/- 4701/		
Eccimile Number	E-Mail Address: Tkrowel Waol. Com	
racsimile Number.	tion contractor or coordinating company, if appropriate):	
Name: Sun Ray Solar	dion contactor of the c	
Name: San Pag Solar		
Mailing Address: 249 Loudon Rd	State: NH Zip Code: 0330/	
1 3 - 22 - 1 - 22	(m + - )	
Telephone (Daytime): (603 - 225 - 600	E-Mail Address: Info a Spread the Sunshive Co	om
Electrical Contractor Contact Information (if appropri	Telephone: 603-860-2827	
Name: Keith Firman	Rcl	
Mailing Address: 47 Tiffany Hill	State: NH Zip Code: 0 3 2-8 1	
City: Weare	State: Zip code. 9 2 D.1	
Facility Information: Address of Facility: 375 E. Penaccok	State: NH Zip Code: 0330/	
City: Contoocook	State:	
	4	
Electricity Supply Company:	Account Number 25 Quantity: 20	
Generator/Inverter Manufacturer: ZAPVASC	Model Name and Number: <u>m215</u> Quantity: <u>200</u>	
Nameplate Rating: <u>215</u> (kW) (kVA)	(AC Volts) Single X_ or Three Phase	
System Design Capacity: 6, 15 (kVA)	(kVA) Battery Backup: YesNo ×	
Net Metering: If Renewably Fueled, will the acco	ount be Net Metered? YesNo	
Prime Mover: Photovoltaic Reciprocating Er	ngine Fuel Cell Turbine Other	
Energy Source: Solar Wind Hydro D	Diesel Natural Gas Fuel Oil Other	
UL 1741.1 (IEEE 1547.1) Listed? YesNo	External Manual Disconnect: Yes No	
Estimated Install Date: 5/2013	Estimated In-Service Date: 5/29/13	
Interconnecting Customer Signature	The second of the	
I hereby certify that, to the best of my knowledge, al	ll of the information provided in this application is true and I agree to the	
Terms and Conditions on the following page:		
Customer Signature:	Title	
Please attach any documentation provided by the in	inverter manufacturer describing the inverter's UL 1741 listing.	
Approval to Install Facility (For Company use only)	)	
Approval to fistall Facility (For Company associaty)	pon the terms and conditions of this Agreement, and agreement to any	
austern modifications if required (Are system modil	flications required? Yes NO To be Determined	
Company Signature:	Title: Date:	

#### PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

#### **Exhibit B - Certificate of Completion for Simplified Process Interconnections**

Installation Information:	☐ Check if owner-installed
Customer or Company Name (print):	& Curdy Rowell
Contact Person, if Company:	7 3 10 3
Mailing Address: 375 E. Penge	COOK Rd
City: CONTODCOOK	State: NH Zip Code: 03229
Telephone (Daytime):	(Evening): 603 - 746 - 4704
Facsimile Number:	(Evening): 603 - 746 - 4704 E-Mail Address: Tkyowel & icloud.com
Address of Facility (if different from above):	
City: Contoo Cook	State: NH Zip Code: 03229
Generation Vendor: SunRay Solar, Li	State: NH Zip Code: 03229  C Contact Person: Tonathan Gregory  nce with Puc 900.
I herby certify that the system hardware is in complian	nce with Puc 900.
W)=	
Vendor Signature:	Date: 7, 3 - 13
Electrical Confractor's Name (if appropriate):	eith tirman
Mailing Address: 47 Titiany Hill	A 1/4
	State: NH Zip Code: 03281
Feesing la Number	(Evening):
	E-Mail Address: Krismanetectric a Concast. No
License number: 10803 M	
Date of approval to install Facility granted by the Com-	pany:Installation Date:
Application ID number:	
Inspection:	
The system has been installed and inspected in complia	ance with the local Building/Electrical Code of
STATE OF NE And Town of (City/County)	HUBKINTON
(City/County)	
Signed (Local Electrical Wiring Inspector, or attach sig	gned electrical inspection):
Name (printed): 5 4 Pianks	
Date: July 3, 2013	
Customer Certification:	
correct. This system has been installed and shall be op initial start up test required by Puc 905.04 has been suc	ne information contained in this Interconnection Notice is true and erated in compliance with applicable electrical standards. Also, the cessfully completed.
Customer Signature: 4th Knowl	Date: 2-3-13
<i>u</i>	